

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	09/869630				
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1						52					
2						53					
3						54					
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44						95					
45						96					
46						97					
47						98					
48						99					
49						100					
TOTAL						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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